



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.mass.gov/dpl/boards/hd
617-727-9940

INSTRUCTOR APPLICANTS

INSTRUCTIONS

In order to be eligible to apply for an instructor's application you must be able to verify two years of work experience as a Type 1 Cosmetologist, Type 6 Aesthetician, or a Jr. Assistant Instructor.

A completed application must include:

- A copy of your current cosmetology license
- A copy of your high school diploma or Graduate Equivalency Diploma (GED)
- One 2" x 2" photograph
- A notarized affidavit certifying:
 - a. the date you started and stopped working for each employer
 - b. whether the work was full or part-time (full-time entails 5, 8 hour days per week)
 - c. **two full years** of practical work experience in the field of cosmetology
- Money order (no personal checks accepted) made payable to the Commonwealth of Massachusetts. All money orders must be signed and dated. (this fee includes application, temporary license and practical examination).

Once the Board has received and processed your application you will be issued a **TEMPORARY PERMIT**. This temporary license will be valid for 6 months and will allow you to work before you take the examination.

If you do not appear for the examination when you are scheduled your temporary permit will expire and you will not be eligible for another one.

You must receive a passing score on the practical examination prior to applying for the written examination. Practical exams are not given in July and August.

Upon passing the practical exam the applicant will receive a Promissor candidate's handbook to take the written exam. Follow all instructions listed in the handbook.

All application fees are non-refundable.

Normal application processing time for complete applications is between 3-4 weeks. Incomplete applications can further delay processing time.



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Instructor Application-Fee \$113.00

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: _____ Evening: _____

8. Social Security Number (**Mandatory**): _____
Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
15. Present Employer _____
16. Beauty School Attended _____
Name & Address of School
Date Started: _____ Date Finished: _____
17. **Type of license requested:** ☐ cosmetology instructor ☐ aesthetic instructor
18. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date



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EMPLOYER'S AFFIDAVIT

I hereby certify that I am a registered cosmetologist/aesthetician _____
name

_____ in good standing in the Commonwealth of Massachusetts and that
license number

_____ was employed by me (full or part) time under my
applicant's name

supervision from _____ to _____
month/day/year month/day/year

CIRCLE TYPE OF SALON EMPLOYED AT:

FULL SERVICE SALON TYPE 1 MANICURING SALON TYPE 3
BOOTH RENTER SALON TYPE 4 AESTHETIC SALON TYPE
5

Signed: **Name of Salon Owner/Manager** _____
 Address _____
 City & State _____ Telephone # _____
 Salon Name _____ Salon License # _____

THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES

Signed under penalties of perjury this _____ day of _____ 20 ____

THIS SECTION TO BE COMPLETED BY APPLICANT

I _____ hereby certify that I am a registered
aesthetician in good standing in the Commonwealth of Massachusetts and that my license
number is _____ and the expiration date is _____.
month/day/year

Signature of applicant _____

Name of Notary Public _____

Date Commission expires _____

Seal